

CLAIMS ONLY							Application Number <i>09/742 047</i>	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1								
2								
3								
4								
5								
6								
7								
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17								
18								
19								
20								
21								
22								
23								
24								
25	1							
26		1						
27		1						
28	1							
29		1						
30		1						
31		1						
32	1							
33	1							
34	1							
35								
36								
37								
38								
39								
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41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
Total Indep	3							
Total Depend	7							
Total Claims	10							